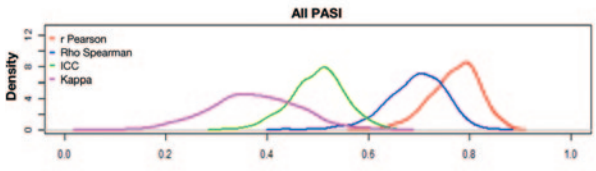
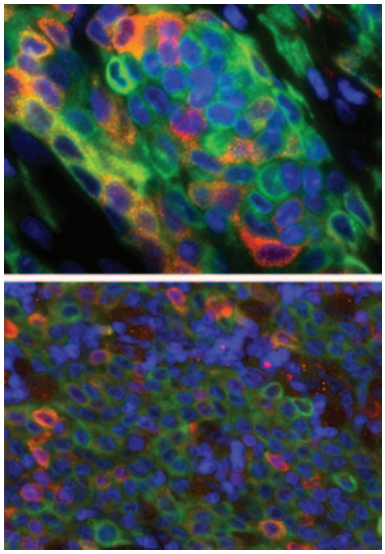
Tipping the Scale



The popular assessment tool for disease severity, the Psoriasis Area and Severity Index (PASI), is typically used to evaluate the efficacy of therapeutic interventions. Gourraud and colleagues assessed the simulated evaluation of the PASI by two practitioners in 1,000 sets of 100 psoriasis patients in an effort to characterize the validity of this standardized scale. The study revealed an asymmetry in PASI score distribution, with more than 75% of patients having scores <20 (range 0–72). Commonly used statistics (r and ρ) were found to overestimate the interrater agreement for this scale, although the intraclass correlation coefficient was superior. A reliable standardized assessment of psoriasis severity remains elusive. ***See page 2171***

Temporary Senescence



Cellular senescence in response to aberrant oncogene activation is thought to function as a tumor suppressor. Human melanocytic nevi remain growth arrested, rarely develop into melanomas, and display features of oncogene-induced senescence. Tran and colleagues found that the senescence markers (upregulation of $p16^{INK4a}$, senescence-associated β-galactosidase positivity, and Ki67 negativity) occur in both fresh-frozen and paraffin-embedded nevi and melanomas. As a result, these markers fail to differentiate nevi from their precursor and transformed melanocyte counterparts. Benign nevi are, indeed, typically growth arrested; however, defining these benign melanocyte tumors as senescent is premature in the face of this new evidence. ***See page 2226***

External Insight

Kidney transplant recipients (KTRs) have a greater risk of malignancy compared with the general population. In a cohort study of 1,800 KTR patients, Wisgerhof and colleagues discovered a threefold higher risk of internal malignancies (IMs) in KTRs with a prior cutaneous squamous cell carcinoma (SCC), whereas the risk of IM in KTRs without SCC was only marginally higher than that in the general population. These findings suggest that development of cutaneous SCC may be a useful indicator of increased risk of IM in KTRs. ***See page 2176***

Top-Priority Population

Current epidemiology estimates for pyoderma gangrenosum (PG) are based on case reports, case series, and cohort studies of patients with inflammatory bowel disease (IBD). Langan and colleagues performed a retrospective cohort study with computerized medical records from the General Practice Research Database in the United Kingdom. They found that PG mortality rates were three times higher than those for the general public. In addition, 33% of the PG study population had underlying IBD, rheumatoid arthritis, or hematological disease. Because PG was identified as a top research priority by the UK Dermatology Clinical trials network, these findings will be particularly useful for planning future studies. ***See page 2166***

Journal of Investigative Dermatology (2012) **132**, 2123. doi:10.1038/jid.2012.247